	DEPARTMENT OF CORRECTIONS AND REHABILITATION DEPARTMENT ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: January 01, 2024	POLICY NO.: ADM.04.02
		SUPERSEDES (Policy No. & Date): ADM.04.02 of June 23, 2008	
	SUBJECT: PULMONARY TUBERCULOSIS CLEARANCE AND TRAINING		Page 1 of 5

1.0 PURPOSE

To establish guidelines for employee Pulmonary Tuberculosis clearance and training.

2.0 SCOPE

This policy applies to all personnel within the Department.

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

- a. OSHA 29 CFR 1910.139, Respiratory Protection for M. Tuberculosis; Instruction CPS 2.106, Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis.
- b. Department of Health and Human Services, Center for Disease Control and Prevention, Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities, (October 24, 1994) and Controlling TB in Correctional Facilities, (1995).
- c. Department of Corrections and Rehabilitation, Policy and Procedures, ADM.04.05 Comprehensive Respiratory Protection Plan, COR.10D.01 Medical/Mental Health Intake Screening, COR.10D.25 Communicable Diseases.
- d. Department of Corrections and Rehabilitation, Nurse Protocol, Tuberculosis.
- e. Section 26-14.6, Department of Corrections and Rehabilitation; and Section 353C-2, Director of Corrections and Rehabilitation, Powers and Duties

.2 Definitions

- a. Potential Risk Employees: Employees whose duties place them at risk for exposure to tuberculosis.
- b. Tuberculosis Skin Test: A method used to evaluate the likelihood that a person is infected with M. Tuberculosis. (TB). A person infected with

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TB is not necessarily infectious. A small dose of PPD-tuberculin is injected just beneath the surface of the skin, and the area is examined 48 - 72 hours after the injection. Reactions are measured according to the size of the indurations. The classification of a reaction as positive or negative depends on the patient's medical history, various risk factors, any symptomology.

- c. Tuberculosis (TB): A clinically active, symptomatic disease caused by an organism in the M. tuberculosis complex (M. tuberculosis, M. bovis, or M. africanum).
- d. On-site Instructors: Law enforcement, health care, correctional officers, or contracted individuals who provide training to identified employees at the site where they are employed.
- e. Respirators: Facemask or gear designed to stop infectious airborne parties, such as M. tuberculosis, from entering an individual's respiratory system.
- f. TB Clearance: Documentation of a negative TB skin test or a negative chest X-ray.

4.0 POLICY

- .1 All applicants who accept employment with the Department shall provide the Department with proof of TB clearance.
- .2 Employees shall be encouraged to test annually for TB.
- .3 The Department of Health (DOH), Tuberculosis Program, or any other medical authority, shall determine if a patient is potentially infectious after a chest x-ray.
- .4 Officers assigned to duty at a tuberculin hospital are required by the DOH to have a current tuberculosis clearance.
- .5 An employee exposed to a patient diagnosed by the tuberculin hospital as having tuberculosis shall be given notification by their supervisor and shall be offered free TB testing in coordination with the DOH, Tuberculosis Program.
- .6 Employees found to have active TB require a medical clearance to return to work.

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- .7 The Department shall provide mandatory refresher courses in blood and airborne pathogens, protective measures, and post-exposure procedures to new recruits and employees assigned to transport and tuberculin hospital duty.

5.0 PROCEDURES

- .1 Prior to entering basic recruit training or before the first day of employment, all applicants accepting employment with the Department shall provide the Department evidence of TB clearance. The Department's Personnel Office shall maintain the clearance record in the employee's personnel files.
- .2 The Correctional Health Care Administrator (CHCA) shall provide Training and Staff Development (TSD) guidance and assistance in the development of a standardized Departmental tuberculosis training program. The curriculum shall be reviewed annually, and be revised, if necessary, by the CHCA or a designee. At a minimum, the training shall include:
- a. The OSHA and Department Policy on the Respiratory Protection Plan;
 - b. TB testing, symptoms, methods of transmission, the disease process, and treatment;
 - c. Prevention, protective measures, and post exposure procedures;
 - d. Medical screening, medical risk factors, symptoms, and personal appearances, such as beards, that limit the effective use of respirators;
 - e. Disposable facemasks are preferable. If applicable, training shall be offered for the proper selection, use, maintenance, and storage of non-disposal respirators;
 - f. Respirator donning, limitations, and user seal (fit) checks;
 - g. Qualitative studies on fit testing.
- .3 TSD shall coordinate and maintain a continuous Blood and Air Borne Pathogen training program for recruits and employees.
- .4 DCR employees responsible for transport and hospital duty shall be required to take the Blood and Air Borne refresher course every year. Training shall be offered more often if there is an equipment substitution, policy change, or

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significant procedural change. TSD shall keep track of the employee's training records.

- .5 TSD, in coordination with the Health Care Division (HCD), shall identify and train instructors to teach classes on TB. To the extent possible, the trainers and the refresher courses shall be offered on-site.
- .6 At the implementation of the training program, Correctional Officers assigned to transport and hospital duty shall be given priority. Correctional Officers due to rotate into transportation and hospital duty shall be given second priority.
- .7 Duty determined to be at high risk include:
 - a. Transport of a patient confirmed by the Tuberculosis Program as being potentially infectious to a tuberculin hospital in a *closed* vehicle; and
 - b. Hospital duty in a tuberculin hospital

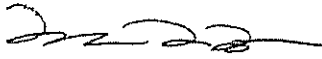
In such instances, the transport officer in a closed vehicle and the officer assigned to hospital duty are required to wear respiratory protection masks at all times.

- .8 Patients confirmed by the Tuberculosis Program as being potentially infectious shall not be processed into the facility. The patient shall be held in an area of the facility that has free-flowing air and is not attached to the facility's air conditioning system until admission to the tuberculin hospital is secured.
- .9 Patients diagnosed by the tuberculin hospital as having infectious TB will not be admitted to the facility without clearance from the tuberculin hospital.
- .10 Supervisors shall encourage employees to test annually for TB.

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
Deputy Director for Administration JAN 0 1 2024
Date

APPROVAL RECOMMENDED:



Deputy Director for Corrections JAN 0 1 2024
Date

APPROVED:



DIRECTOR JAN 0 1 2024
Date

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